PTO/SB/01 (3-97)
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Patent and Trademark Office; US DEPARTMENT OF COMMERCE

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Under the Paper	work Reduction Act of	1995, no persons are require					control number.			
	<b>DECLARATIO</b>	ON FOR	Attorney Dock	et No.	71575-					
	UTILITY OR I	DESIGN	First Named In			Graham				
P	ATENT APPL	ICATION		COMPLE	ETE IF K	NOWN				
			Application No.							
□ Declarati	on	☐ Declaration	Filing Date							
submitte	d with or	submitted after	Group Art Unit							
initial fili	ing	initial filing	Examiner Name							
As a below:	named inventor,	I hereby declare that	•		-		<del></del>			
My residence	e, post office ad	dress, and citizenship	are as stated below	w next to my	y name.					
inventor (if		irst and sole inventor listed below) of the								
		DRIP EDGE AN	ID FASCIA SYSTEM							
<u> </u>	· · · · · · · · · · · · · · · · · · ·		tle of the Invention							
the specifica	tion of which	•	•							
	tached hereto									
or or				·						
was	filed on	, as United St	ates Application N	umber or Po	CT Interna	ational Applic	ation			
Nur	nber:	and was amend	ded on	(if a	pplicable)	•				
claims, as as	mended by any a	iewed and understand imendment specifical isclose information w	ly referred to above	<b>.</b> .						
		ty benefits under Titl								
		nventor's certificate,								
		try other than the Uni					itified			
		any foreign applicati								
	polication nav	ing a filing date befo	Foreign Filing Date	Priorit		Certified Copy Attached				
Thor Foreign Application Number (8)		Country	(MM/DD/YY)	Not Clair		YES	NO			
Additional f	oreign application num	bers are listed on a suppleme	ental priority data sheet PI	O/SB/02B attac	hed hereto:					
I hereby claim th	e benefit under Title 3	5, United States Code §119(e	e) of any United States pro	visional applica	tion(s) listed	below.				
Application Number (s) Filing Date (M			MM/DD/YY)		Additional provisional application umbers are listed on a supplementa					
	0/481,064	Inly	7, 2003			rity data sheet PTO/SB/02B				
50/701,007 July 1		.,	attached hereto.							

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Onder the Paperwork Redu		ECLARAT										
I hereby claim the benefit unde America, listed below and, inso matter provided by the first par Code of Federal Regulations §	r Title 35, Uni	ited States Code §1: ect matter of each of the States (	20 of any United If the claims of t	i State	s applica plication	tion(s) of any PC1 is not disclosed in futy to disclose in	internations the prior Un formation wh	l application ited States ich is mate	or PCT Internations rial to patentability	al applica as defin	ation in the ed in Title 37,	
U.S Parent Appli			Parent			rent Filing			Parent Patent Number			
Number	Nu	mber		(1)	/IM/DD/YY	(YY)		(if applicable)				
Additional U.S. or Po												
				ner(s	) to pro	secute this appli	cation and t	o transaci	all business in th	e Paten	t and	
Trademark Office connecte	d therewith:	Or Customer N	iumber 20915						Place Custo	mer	1	
		_ •	practitioner(s)	Place Customer Number Bar Code Label Here  On No. Name Registration No.  O G. Thomas Williams 42,228 6 Michael F. Kelly 50,859  Intal Registered Practitioner Information sheet PTO/SB/02C attached hereto.  Deer 20915 or Correspondence Address below the below the control of the								
			•						Label Her	re	}	
Name		Regist	ration No.	T		Name			Registration No.			
John E. McGarry			2,360									
Joel E. Bair			3,356	M	ichael l	F. Kelly			50,8	159		
Mark A. Davis		37	7,118									
Additional registered p	ractitioner(s)	named on supple	emental Regist	ered l	Practitio	ner Information	sheet PTO	/SB/02C	attached hereto.		- · · - · · · · · · · · · · · · · · · ·	
Direct all corresponde	ence to	Customer N	umber			20915	or	Corresp	ondence Add	ress be	elow	
		or Bar Code	Label				L					
Name Joel E. Bair, Reg. No. 33,356												
	McGarry Bair PC											
Address												
City, State, Zip	Grand R	apids, Michi	igan 4950	3								
Country	US					742-3500 Fax			616-742-1010			
I hereby declare that all statem	ents made here	in of my own know	ledge are true a	nd that	all states	ments made on inf	ormation and	belief are	believed to be true;	and furt	her that these	
statements were made with the United States Code and that su									un, under Section 10	JO1 01 11	nie 18 of the	
Name of Sole or l	First Inv	entor	☐ A p	etit	ion h	as been file	d for th	is uns	igned inven	tor.		
Given Name	(first an	d middle [if	any])			F	amily N	lame o	or Surname			
Brad R. Graham												
Inventor's Signature	Suns	LA M	. 2	Z,	~		Date	ed 5/24/	04			
Residence: City	Rock	cford	State	MI		Country	USA		Citizenship		US	
Post Office Address	5830	Olde Meado	w Ct.		^							
City	Rocl	cford	State	М	I	Zip	49341		Country	USA	1	
Additional inventor	s are being i	named on the or	ne suppleme	ntal a	addition	nal inventor(s)	sheet(s) P	TO/SB/	02A attached he	ereto.		

Please type a	plus sign	in this box:
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Name of Inventor	☐ Ar	A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Surname							
Robert G.			Gr	aham							
Inventor's Signature	hui	111.	1/2	Krin		Dated 5/2	6/0	4			
Residence: City	Belmont	State	MI	Country	USA	Citizenshi	₹ T	ÚS			
Post Office Address	2755 VanDam	1		<del>-1</del>							
City	Belmont	State	MI	Zip	49306	Country	USA				